

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/623924

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	1					
18	1					
19	1					
20	2					
21	1					
22	0					
23			1	0		
24			1	0		
25			1	0		
26			1	0		
27			1	0		
28			1	0		
29			1	0		
30			1	0		
31			1	0		
32			1	0		
33			1	0		
34			1	0		
35			1	0		
36			1	0		
37			1	0		
38			1	0		
39			1	0		
40			1	0		
41			1	0		
42			1	0		
43			1	0		
44			1	0		
45			1	0		
46			1	0		
47			1	0		
48			1	0		
49			1	0		
50			1	0		
TOTAL IND.	3		1			
TOTAL DEP.	2	1	1	1	1	1
TOTAL CLAIMS	2		1		1	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51				1				
52				1				
53				1				
54				1				
55				1				
56				1				
57				1				
58				1				
59				1				
60				1				
61				1				
62				1				
63				1				
64				1				
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88				1				
89				1				
90				1				
91				1				
92				1				
93				1				
94				1				
95				1				
96				1				
97				1				
98				1				
99				1				
100				1				
TOTAL IND.				1				
TOTAL DEP.				1				
TOTAL CLAIMS				1				